TOWN OF WINCHESTER/CITY OF WINSTED

Building Department
338 Main Street
Winsted, CT 06098
Tel.(860) 379-3818
Fax (860) 738-6598

Roofing / Siding Permit

Permit #_____ Taxes _____ Date_____

Estimated Cost $_____ Permit Fee $_____

Location _____ _____ _____ ___ _____
Street Address Map Block Lot Account

Single Family _____ Multifamily_____ Commercial_____

Owner _____

Address _____

Phone No. _____

Contractor Information

Company Name _____ **License No.** _____

Address _____

Contact Person_____

Phone Number_____**Cell#**_____

Roofing (check where applicable)

Amount of area to be covered _____ Roof Pitch_____
(Check appropriate boxes)
_____Asphalt Shingles _____ Wood Shingles _____Slate
_____ Other (specify) _____
Work To Be Done:
____ Strip To Deck _____Replace Roof decking ____Install 15 # Felt
____Install Ice Barrier _____ Install Ridge Vent

SIDING (check where applicable)

Amount of area to be covered_____
___Aluminum ____ Wood _____Vinyl
____ Other (specify)_____

_____ _____
Applicant Signature / Date **Building Official / Date**